

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Health Care Association Political Action Committee

ADDRESS (number and street) ▼

1201 L Street, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00006080

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
12 01 2011

through

M M M / D D D / Y Y Y Y Y Y
12 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Leonard Russ

Signature of Treasurer

Mr. Leonard Russ

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 30 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
12 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2011		110057.22
(b) Cash on Hand at Beginning of Reporting Period.....	352117.15	
(c) Total Receipts (from Line 19)	70446.61	984506.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	422563.76	1094563.76
7. Total Disbursements (from Line 31)	66500.00	738500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	356063.76	356063.76
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2011

To:

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2011

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

58240.82

871739.06

(ii) Unitemized

1205.79

77480.48

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

59446.61

949219.54

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

11000.00

35287.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

70446.61

984506.54

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

70446.61

984506.54

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

70446.61

984506.54

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	66500.00	738500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	66500.00	738500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66500.00	738500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	70446.61	984506.54
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70446.61	984506.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 41
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stacie Aman

Mailing Address 5124 27th Rd N

City
Arlington

State
VA

Zip Code
22207-1723

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 19 / 2011

Transaction ID : C1528695

Amount of Each Receipt this Period

282.00

Full Name (Last, First, Middle Initial)

B. Gary Attman

Mailing Address 8028 Ritchie Highway

City

Pasadena

State

MD

Zip Code

21122-1069

FEC ID number of contributing
federal political committee.

C

Name of Employer

FutureCare Health & Mgmt.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

12 / 07 / 2011

Transaction ID : C1524214

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Mary Baker

Mailing Address PO Box 1129

City

Turlock

State

CA

Zip Code

95381

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mark One Corp.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

12 / 01 / 2011

Transaction ID : C1520383

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2782.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 41
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Isabel Barber

Mailing Address 12 Cateswood Dr

City State Zip Code
 Spartanburg SC 29302-3463

FEC ID number of contributing
federal political committee.

C

Name of Employer

White Oak Manor

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 15 2011

Transaction ID : C1527366

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Cecil Barcelo

Mailing Address 411 Alabama Ave

City State Zip Code
 League City TX 77573-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baywind Village

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 23 2011

Transaction ID : C1538469

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

C. Beverly Barrentine

Mailing Address 1634 Telfair St

City State Zip Code
 Dublin GA 31021-3115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shamrock Nursing and Rehab

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 19 2011

Transaction ID : C1529395

Amount of Each Receipt this Period

525.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffreys B Barrett

Mailing Address 8825 S 7th St

City

Phoenix

State

AZ

Zip Code

85042-7626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maravilla Care Center

Occupation

Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

301.00

Date of Receipt

12 / 15 / 2011

Transaction ID : C1527369

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Harve Bauguess

Mailing Address 3715 Northside Drive

City

Atlanta

State

GA

Zip Code

30327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bauguess mgmt. co

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

12 / 15 / 2011

Transaction ID : C1527413

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Harry Baum

Mailing Address 8300 NW Eastside Drive

City

Weatherby Lake

State

MO

Zip Code

64152

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sharon Lake Nursing Home

Occupation

Owner

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2262.00

Date of Receipt

12 / 09 / 2011

Transaction ID : C1524992

Amount of Each Receipt this Period

475.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

875.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lyn Bentley

Mailing Address 2212 Hidden Valley Ln

City

Silver Spring

State

MD

Zip Code

20904-5240

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Director, Regulatory

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : C1524995

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Lyn Bentley

Mailing Address 2212 Hidden Valley Ln

City

Silver Spring

State

MD

Zip Code

20904-5240

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Director, Regulatory

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2011

Transaction ID : C1533354

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Steven Chamley

Mailing Address 34 Northcrest Drive

City

Council Bluffs

State

IA

Zip Code

51503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northcrest Living Center

Occupation

Owner/Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2011

Transaction ID : C1520551

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

540.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kathleen Collins Pagels

Mailing Address 1440 East Missouri Street

City

Phoenix

State

AZ

Zip Code

85014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arizona Health Care Association

Occupation

Executive Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 15 / 2011

Transaction ID : C1527235

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Robert Decker

Mailing Address 3155 River Road South
Suite 100

City

Salem

State

OR

Zip Code

97302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Westcare Management

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

12 / 19 / 2011

Transaction ID : C1528648

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

c. Joseph DeMattos

Mailing Address 18 Chasemount Ct

City

Baltimore

State

MD

Zip Code

21209

FEC ID number of contributing
federal political committee.

C

Name of Employer

HFAM

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

12 / 23 / 2011

Transaction ID : C1533515

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph DeMattos

Mailing Address 18 Chasemount Ct

City
Baltimore

State
MD

Zip Code
21209

FEC ID number of contributing
federal political committee.

C

Name of Employer

HFAM

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C1539257

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Floyd Eaton

Mailing Address 3715 SW 29th St
Ste 200

City
Topeka

State
KS

Zip Code
66614-2164

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Health Services Inc

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C1539204

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

c. Gregory J. Elliot

Mailing Address 110 Johnson Road

City
Charleston

State
WV

Zip Code
25301-2297

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMFM, Inc.

Occupation

IT Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : C1529270

Amount of Each Receipt this Period

416.66

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5516.66

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 41
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Erb

Mailing Address 35 Melden Drive

City State Zip Code
Brunswick ME 04011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maine Health Care Association

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : C1530600

Amount of Each Receipt this Period

230.00

Full Name (Last, First, Middle Initial)

B. Norman Estes

Mailing Address 931 Fairfax Park

City State Zip Code
Tuscaloosa AL 35406-2805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northport Health Services Inc

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2011

Transaction ID : C1538472

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Rebecca Estes

Mailing Address 931 Fairfax Park

City State Zip Code
Tuscaloosa AL 35406-2805

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2011

Transaction ID : C1538471

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Teresa Eyet

Mailing Address 10009 Dallas Ave

City

Takoma Park

State

MD

Zip Code

20901-2240

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Director, Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

12 / 09 / 2011

Transaction ID : C1524997

Amount of Each Receipt this Period

95.00

Full Name (Last, First, Middle Initial)

B. Patrick Fairbanks

Mailing Address 20220 Harney street

City

Elkhorn

State

NE

Zip Code

68022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vetter Health Services

Occupation

Chief Operations Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 30 / 2011

Transaction ID : C1539272

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Daniel Giannini

Mailing Address 604 Twickenham Road

City

Glenside

State

PA

Zip Code

19038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comms Interactive, LLC

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

12 / 13 / 2011

Transaction ID : C1525798

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5595.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Gifford

Mailing Address 81 Kenyon Avenue

City

East Greenwich

State

RI

Zip Code

02818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

SVP, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C1539256

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Pamela Griffin

Mailing Address 1120 Walnut St

City

North Bend

State

NE

Zip Code

68649-5012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Celebrate LIFE, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C1536004

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

C. Bill Hartung

Mailing Address 1210 Massachusetts Avenue, NW
#407

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Vice President, Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : C1524999

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5270.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bill Hartung

Mailing Address 1210 Massachusetts Avenue, NW
 #407

City State Zip Code
 Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Vice President, Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 21 2011

Transaction ID : C1533357

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Dave Helmsin

Mailing Address 6460 Orange Hill Lane

City State Zip Code
 Carmichael CA 95608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 28 2011

Transaction ID : C1535945

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Tommy Huff

Mailing Address 1312 Woodland St
 Street

City State Zip Code
 Nashville TN 37206-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tausin Health

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 14 2011

Transaction ID : C1525788

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1260.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cheryl Killian

Mailing Address 3801 Woodside Dr

City
ArlingtonState
TXZip Code
76016-3030FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Care Centers Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 27 / 2011

Transaction ID : C1538470

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Jim KlausmanMailing Address 3715 SW 29th Street
Suite 200City
TopekaState
KSZip Code
66614-2164FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Health Management

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 29 / 2011

Transaction ID : C1539203

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Jennifer KnorrMailing Address 900 N Randolph St
Apt 1927City
ArlingtonState
VAZip Code
22203-4082FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Manager, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

688.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : C1525001

Amount of Each Receipt this Period

4.40

SUBTOTAL of Receipts This Page (optional)..... ►

5029.40

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer Knorr

Mailing Address 900 N Randolph St
Apt 1927

City State Zip Code
Arlington VA 22203-4082

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Association

Occupation
Manager, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

688.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : C1528696

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

B. Jennifer Knorr

Mailing Address 900 N Randolph St
Apt 1927

City State Zip Code
Arlington VA 22203-4082

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Association

Occupation
Manager, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

688.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2011

Transaction ID : C1533361

Amount of Each Receipt this Period

4.20

Full Name (Last, First, Middle Initial)

C. David Kylo

Mailing Address 4621 28th Road South

City State Zip Code
Arlington VA 22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Center for Assisted Living

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1128.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : C1525002

Amount of Each Receipt this Period

39.56

SUBTOTAL of Receipts This Page (optional)..... ►

253.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Kylo

Mailing Address 4621 28th Road South

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Center for Assisted Living

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1128.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2011

Transaction ID : C1533362

Amount of Each Receipt this Period

39.56

Full Name (Last, First, Middle Initial)

B. Larry Lane

Mailing Address 1616 Stephens Dr

City

Wayne

State

PA

Zip Code

19087-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Genesis

Occupation

Sr VP, Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2011

Transaction ID : C1524233

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. Theodore Lee

Mailing Address 700 Hanover St

City

Manchester

State

NH

Zip Code

03104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hanover Hill Health Care Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : C1531513

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1139.56

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Beth Martino

Mailing Address 8559 Window Latch Way

City State Zip Code
Columbia MD 21045

FEC ID number of contributing federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Director Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : C1525003

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Beth Martino

Mailing Address 8559 Window Latch Way

City State Zip Code
Columbia MD 21045

FEC ID number of contributing federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Director Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2011

Transaction ID : C1533363

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Jay Moskowitz

Mailing Address 2932 Fenton Street

City State Zip Code
Wheat Ridge CO 80214-8116

FEC ID number of contributing federal political committee.

C

Name of Employer

Quality Life Management

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2011

Transaction ID : C1524213

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Julie Painter

Mailing Address 3614 Connecticut Ave NW
Apt 22

City State Zip Code
Washington DC 20008-2436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director of Constituency Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2011

Transaction ID : C1525004

Amount of Each Receipt this Period

11.54

Full Name (Last, First, Middle Initial)

B. Julie Painter

Mailing Address 3614 Connecticut Ave NW
Apt 22

City State Zip Code
Washington DC 20008-2436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director of Constituency Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2011

Transaction ID : C1533364

Amount of Each Receipt this Period

11.50

Full Name (Last, First, Middle Initial)

C. Sharon Purvis

Mailing Address 7805 Sycamore Drive

City State Zip Code
Falls Church VA 22042

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director, Vendor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2011

Transaction ID : C1525006

Amount of Each Receipt this Period

9.62

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

32.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sharon Purvis

Mailing Address 7805 Sycamore Drive

City

Falls Church

State

VA

Zip Code

22042

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director, Vendor Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2011

Transaction ID : C1533366

Amount of Each Receipt this Period

9.50

Full Name (Last, First, Middle Initial)

B. David Reynolds

Mailing Address 241 El Sereno Drive

City

Scotts Valley

State

CA

Zip Code

95066

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medline

Occupation

Sales Representative

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : C1527515

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

c. Shelley Sabo

Mailing Address 6360 Tisbury Dr

City

Burke

State

VA

Zip Code

22015-4061

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Center for Assisted Living

Occupation

Director Assisted Living

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : C1525007

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

139.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Shelley Sabo

Mailing Address 6360 Tisbury Dr

City State Zip Code
Burke VA 22015-4061

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Center for Assisted Living

Occupation
Director Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 21 2011

Transaction ID : C1533367

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Jesse Samples

Mailing Address 451 Truman Rd

City State Zip Code
Franklin TN 37064-8322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Health Care Association

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 01 2011

Transaction ID : C1519860

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jerry Schroer Jr.

Mailing Address 1608 Muirfield NW

City State Zip Code
Canton OH 44708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Altercare

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 15 2011

Transaction ID : C1527368

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1260.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Shepard

Mailing Address PO Box 125

City State Zip Code
Mena AR 71953

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shepard Group

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4388.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 27 2011

Transaction ID : C1535889

Amount of Each Receipt this Period

1888.00

Full Name (Last, First, Middle Initial)

B. Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code
Fairfax VA 22031-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 09 2011

Transaction ID : C1525009

Amount of Each Receipt this Period

11.54

Full Name (Last, First, Middle Initial)

C. Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code
Fairfax VA 22031-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 21 2011

Transaction ID : C1533369

Amount of Each Receipt this Period

11.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1911.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew D. Smyth

Mailing Address 2405 I St NW

City
Washington

State Zip Code
DC 20037-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Association

Occupation
Director of Grassroots

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2011

Transaction ID : C1525010

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

B. Matthew D. Smyth

Mailing Address 2405 I St NW

City
Washington

State Zip Code
DC 20037-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Association

Occupation
Director of Grassroots

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2011

Transaction ID : C1533370

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

C. James Unverferth

Mailing Address 1100 Shawnee Road

City
Lima

State Zip Code
OH 45805

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCF Management, Inc.

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.66

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2011

Transaction ID : C1519861

Amount of Each Receipt this Period

1668.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1706.24

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jack Vetter

Mailing Address 20220 Harney Street

City

Elkhorn

State

NE

Zip Code

68022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vetter Health Services

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

12 / 19 / 2011

Transaction ID : C1530973

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Paula Warren

Mailing Address 3301 Alabama Ave

City

Alexandria

State

VA

Zip Code

22305

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 09 / 2011

Transaction ID : C1524279

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kathy Weiner

Mailing Address 1217 Nonchalant Dr

City

Simi Valley

State

CA

Zip Code

93065-5717

FEC ID number of contributing
federal political committee.

C

Name of Employer

Total Rehab Care

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

12 / 27 / 2011

Transaction ID : C1535887

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ted Weiner

Mailing Address 1217 Nonchalant Dr

City

Simi Valley

State

CA

Zip Code

93065-5717

FEC ID number of contributing
federal political committee.

C

Name of Employer

Total Rehab Care

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2011

Transaction ID : C1535888

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Nile Whitney

Mailing Address 4700 Village Green Drive

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medline Industries

Occupation

LTC Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : C1530974

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2525.00

58240.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. GHC Ancillary Corporation Political Action Committee

Mailing Address 101 E State St

City State Zip Code
Kennett Square PA 19348-3109

FEC ID number of contributing
federal political committee.

C C00292094

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2011

Transaction ID : C1524234

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Skilled Healthcare PAC

Mailing Address 27442 Portola Parkway
Suite 200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing
federal political committee.

C C00442426

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2011

Transaction ID : C1524215

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

c. United Health Services PAC

Mailing Address PO Box 1210

City State Zip Code
Toccoa GA 30577

FEC ID number of contributing
federal political committee.

C C00400135

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : C1524990

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11000.00

11000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. AMERICAN VICTORY FUND COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2011

Mailing Address 22780 INDIAN CREEK DRIVE
STE. 100

City DULLES State VA Zip Code 20166

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Category/
Type

Transaction ID : D121969

Amount of Each Disbursement this Period

2500.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Congressional Trust

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2011

Mailing Address 310 1st St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Category/
Type

Transaction ID : D121970

Amount of Each Disbursement this Period

5000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. DSCC Recount Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2011

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002-5610

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Category/
Type

Transaction ID : D122449

Amount of Each Disbursement this Period

10000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

17500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. GARAGIOLA FOR CONGRESS

Mailing Address 13421 WINTERSPOON LANE

City	State	Zip Code
Germantown	MD	20874

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Robert GaragiolaOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2011

Transaction ID : D122064

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. A NEW DIRECTION PAC

Mailing Address PO BOX 4234

City	State	Zip Code
Concord	NH	03302

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2011

Transaction ID : D121809

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. KATHY HOCHUL FOR CONGRESS

Mailing Address PO BOX 64

City	State	Zip Code
Buffalo	NY	14231

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Kathleen HochulOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2011

Transaction ID : D122072

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. MODERATE DEMOCRATS PAC

Mailing Address 426 C STREET NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2011

Transaction ID : D122450

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. New Democrat CoalitionMailing Address 607 14th St NW
Ste 800City
WashingtonState
DCZip Code
20005-2005Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

Transaction ID : D121935

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. NEW MILLENNIUM PAC

Mailing Address PO Box 632

City
Union CityState
NJZip Code
07087-0632Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Robert MenendezOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2011

Transaction ID : D122015

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶

15000.00

TOTAL This Period (last page this line number only).....▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BEN CHANDLER FOR CONGRESS

Mailing Address P. O. Box 12678

City	State	Zip Code
Lexington	KY	40508

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Ben Chandler

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2011

Transaction ID : D122070

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BILL CASSIDY FOR CONGRESS

Mailing Address 8550 United Plaza Blvd.

City	State	Zip Code
Baton Rouge	LA	70809

Purpose of Disbursement
Voided Contribution of 11/10/2011

Candidate Name

Rep. Bill Cassidy

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2011

Transaction ID : D122389

Amount of Each Disbursement this Period

-5000.00

Full Name (Last, First, Middle Initial)

C. BILL FLORES FOR CONGRESS

Mailing Address PO Box 6207

City	State	Zip Code
Bryan	TX	77805

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Bill Flores

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2011

Transaction ID : D122016

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

-1500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BILL OWENS FOR CONGRESS

Mailing Address PO Box 1575

City	State	Zip Code
Plattsburgh	NY	12901

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Bill OwensOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2011

Transaction ID : D122065

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BRALEY FOR CONGRESS

Mailing Address PO Box 390

City	State	Zip Code
Waterloo	IA	50704

Purpose of Disbursement
Voided Contribution of 11/15/2011

Candidate Name

Rep. Bruce BraleyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2011

Transaction ID : D122390

Amount of Each Disbursement this Period

-2000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DENNIS ROSS

Mailing Address PO BOX 7310

City	State	Zip Code
LAKELAND	FL	33807

Purpose of Disbursement
Voided Contribution of 7/21/11

Candidate Name

Rep. Dennis A. RossOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2011

Transaction ID : D122609

Amount of Each Disbursement this Period

-2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-2000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. JIM GERLACH FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2011

Mailing Address PO Box 87

City	State	Zip Code
Uwchland	PA	19480

Transaction ID : D121807Purpose of Disbursement
Contributions to Federal Candidates

Amount of Each Disbursement this Period

Candidate Name

Rep. Jim GerlachCategory/
Type

4000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 06

Full Name (Last, First, Middle Initial)

B. MATHESON FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2011

Mailing Address P.O. BOX 521048

City	State	Zip Code
SALT LAKE CITY	UT	84152

Transaction ID : D122067Purpose of Disbursement
Contributions to Federal Candidates

Amount of Each Disbursement this Period

Candidate Name

Rep. Jim MathesonCategory/
Type

2500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 02

Full Name (Last, First, Middle Initial)

C. CONGRESSMAN JOE BARTON COMMITTEE, THE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2011

Mailing Address P.O. Box 1444

City	State	Zip Code
Ennis	TX	75120

Transaction ID : D122602Purpose of Disbursement
Voided Contribution of 7/21/11

Amount of Each Disbursement this Period

Candidate Name

Rep. Joe L. BartonCategory/
Type

-2500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 06

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. KURT SCHRADER FOR CONGRESS

Mailing Address PO Box 3314

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Kurt Schrader

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2011

Transaction ID : D122069

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. KISSELL FOR CONGRESS

Mailing Address P.O. Box 1530

City	State	Zip Code
Biscoe	NC	27209

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Larry Kissell

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2011

Transaction ID : D122071

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. BOSWELL FOR CONGRESS

Mailing Address PO Box 6220

City	State	Zip Code
Des Moines	IA	50309

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Leonard L. Boswell

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2011

Transaction ID : D122066

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. LYNN JENKINS FOR CONGRESS

Mailing Address P.O. Box 1441

City	State	Zip Code
Topeka	KS	66601

Purpose of Disbursement
Voided Contribution of 7/21/11

Candidate Name

Rep. Lynn JenkinsOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : D122603

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

B. MARTIN HEINRICH FOR CONGRESS, INC.

Mailing Address 2118 CENTRAL AVENUE SE

City	State	Zip Code
Albuquerque	NM	87106

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Martin HeinrichOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2011

Transaction ID : D122458

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MARTIN HEINRICH FOR CONGRESS, INC.

Mailing Address 2118 CENTRAL AVENUE SE

City	State	Zip Code
Albuquerque	NM	87106

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Martin HeinrichOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2011

Transaction ID : D122538

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Michael C. Burgess

Office Sought:	Disbursement For: 2012
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX District: 26	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2011

Transaction ID : D122013

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. SIMPSON FOR CONGRESS

Mailing Address 1487 PARKWAY DRIVE

City	State	Zip Code
BLACKFOOT	ID	83221

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Mike Simpson

Office Sought:	Disbursement For: 2012
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: ID District: 02	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

Transaction ID : D121936

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Mike Thompson

Office Sought:	Disbursement For: 2012
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA District: 01	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

Transaction ID : D121938

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF NAN HAYWORTH

Mailing Address 51 Gleneida Avenue

City	State	Zip Code
Carmel	NY	10512

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Nan HayworthOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2011

Transaction ID : D121810

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TIBERI FOR CONGRESS

Mailing Address 2931 E Dublin Granville Road

City	State	Zip Code
Columbus	OH	43231

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Pat TiberiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

Transaction ID : D121931

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. TIBERI FOR CONGRESS

Mailing Address 2931 E Dublin Granville Road

City	State	Zip Code
Columbus	OH	43231

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Pat TiberiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

Transaction ID : D121932

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BERG FOR CONGRESS

Mailing Address PO BOX 9394

City FARGO	State ND	Zip Code 58106
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Purpose of Disbursement
Voided Contribution of 7/21/11

Candidate Name

Rep. Rick Berg

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: ND	District: 00

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2011

Transaction ID : D122607

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

B. LEVIN FOR CONGRESS

Mailing Address PO Box 37

City Roseville	State MI	Zip Code 48066
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Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Sander M. Levin

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MI	District: 12

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

Transaction ID : D121937

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. STIVERS FOR CONGRESS

Mailing Address 4679 Winterset Drive

City Columbus	State OH	Zip Code 43220
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Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Steve Stivers

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: OH	District: 15

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

Transaction ID : D121933

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. TIM WALZ FOR US CONGRESS

Mailing Address PO Box 938

City	State	Zip Code
Mankato	MN	56002

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Tim Walz

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2011

Transaction ID : D122068

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. COLE FOR CONGRESS

Mailing Address P.O. Box 722256

City	State	Zip Code
Norman	OK	73070

Purpose of Disbursement
Voided Contribution of 7/21/11

Candidate Name

Rep. Tom Cole

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : D122600

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

C. LATHAM FOR CONGRESS

Mailing Address P.O. Box 71

City	State	Zip Code
Clarion	IA	50525

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Tom Latham

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

Transaction ID : D121939

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. TOM REED FOR CONGRESS

Mailing Address 99 W 1st Street

City	State	Zip Code
Corning	NY	14830

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Tom ReedOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

Transaction ID : D121934

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. ROMNEY FOR PRESIDENT INC.

Mailing Address 585 COMMERCIAL STREET

City	State	Zip Code
BOSTON	MA	02109

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Mitt RomneyOffice Sought: ☐ House
☐ Senate
☒ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

Transaction ID : D121940

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

66500.00
